

Form CPF 18A: Report of Independent Expenditure Promoting Election or Defeat of Candidate(s)

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ton, MA 02108	e nat			्षु _ः ुक्ष	
7) 727-8352.		00	\$ 31,200	06	
Date of Report	t:	UC			ate)
		(Must be filed	within 7 business days of expend	liture(s) in excess of \$100.00 in aggrega	,
8 ²⁰ 20 2 4		Magga	abugatta Nursas Ass	ociation	
Expenditure(s) Made By:		Massachusetts Nurses Association (Name of individual or group making expenditure)			
		(2.12		* *	00001
		340 Turnpike St. Canton 02021 Street Address City/Town Zip			
		Street Address City/Town Zip			
2.2		37h	ove Expenditure(s) Election	or Defeat Promoted:	
Name of Can	didate(s) For	whom me Ad		1 / SA	PaO.
		Ha	met da	Mey/ orall	ren.
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	es es		100	(* 5) 25	(a)
Expenditure(s):				
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	- N3/1	Daid	Address	Purpose	Amount
Date Paid	Town	om Paid	· ·	1	198,71
0127/06	Saltus Pr	ess	24 Jolma Rd.	Mailing	1110
010 11-0			Worcester, 01604	e .	
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	*	(4			
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	the evenditur	es noted are i	ndependent expenditures, as	defined by M.G.L. c.55, section	18A:
i nereby certify i	nie exhenimum.		3. 5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	of a superior and the s	y contributions in
(1) the individue	al(s) or group	who made the	e expenditure(s) described h	erein did not solicit or receive an	y conditional ar
contemplation (1)	on of such exp	enditure(s); a	nd	. 1'1 consult	or act in concert with
(2) the individua	al(s) or group	who made the	e expenditure(s) described l	nerein did not cooperate, consult ittee organized on behalf of any o	andidate, or any
					Autoreant, y
agent of a G	andidate or an	y political con	mmittee in making such exp	penditure(s).	
		==			
I further certify	that all statem	ents made he	rein are true and accurate.		
			51	· ·	
Signed under t	he penalties o	f perjury:		80	- 1
(, ,	۸ -	47	. 1 1	Katrina Anderson	1.0
Yal 1	1. Do	100	10/20/06	Director, Legislation	and Government A
MANAD	shall he	IV	Driv Driv	nt Name of Individual Signer and	l Title (if signing on
Signature			Date Fin	alf of a group)	
			18 JULI 10 3 KG	NAGMAD . CAMPAI	